

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF FIRE SERVICES Request for Accommodations



BPV-018

Please send application to: Department of Fire Services, Boiler and Pressure Vessel Program, 1 State Rd. Stow, MA 01775-1025

If you have an impairment that substantially limits your ability to perform a major life activity and you require accommodations on an examination administered by the Department of Fire Services ("Department"), you must complete this form and submit all required documentation to the Department at least 30 days prior to the examination. This form must be legible and completed in ink. Your request may be denied if the form is incomplete, illegible, or if you are unable to demonstrate that your impairment limits your ability to perform a major life activity. Please be aware that the Department does not guarantee that your request will be granted.

| Name: | |
|--|---|
| Mailing Address: | |
| E-Mail: | Phone: |
| Type of Examination: | |
| ☐ Engineer/Fireman | Oil Burner Technician |
| ☐ Special to Operate/Have Charge | ☐ Inspector of Pressure Vessels |
| Nuclear Power Plant Operator | |
| Need for Accommodations: Please explain the nature of your impairm additional pages if necessary. | nent(s), and why you are requesting accommodations. Please attach |
| | |
| | |
| | |
| | |
| | |

| Accommodations Requested: | |
|--|--|
| Please list the specific accommodation(s) you are requesting. | Please attach additional pages if necessary. |
| | |
| | |
| | |
| | |
| Supporting Documentation: | |
| You must submit written documentation supporting the accordion following criteria: | nmodation you are requesting that meets that |
| Must be no more than one year old from the date of ap Must be documented on official letterhead from a lice for diagnosing and treating the specific disability which need for the accommodation listed above Must include a recommendation for the specific according documentation supporting the request Must provide evidence that similar accommodations has advertisingly or testing situations or in amployment setting. | nsed or certified health professional appropriate ch confirms your impairment or diagnosis and the nmodation with current and detailed have been made for the applicant in other |
| educational or testing situations or in employment sett was made in the past but is now required | ings, or describe why no such accommodation |
| This information will be kept confidential and will only be us have an impairment and 2) such impairment substantially lim | • • |
| Attestation: | |
| I hereby swear, under the pains and penalties of perjury, the submitted in support hereof is true and accurate to the best | |
| | |
| Signature/Printed Name of Applicant | Date |

DISABILITY DOCUMENTATION GUIDELINES

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the <u>current</u> need for testing accommodations. A prior history of accommodations, without demonstration of a <u>current</u> need, will not necessarily warrant approval of testing modifications. To avoid unnecessary delays, please ensure that that submission of all information and documentation is in accordance with these guidelines.

- The request for accommodation and appropriate supporting documentation must provide evidence of a substantial limitation to physical or mental (academic) functioning.
- Clinical evaluations must be performed by a licensed/certified or otherwise qualified professional with credentials appropriate to diagnose and treat the disability (i.e., physician, psychologist, or specialist). Information about the qualified professional's area of specialization and professional credentials, including certification and licensure, should be clearly delineated in the documentation that is provided.
- Documentation must be submitted on official letterhead from a licensed or qualified professional who has
 examined the applicant and diagnosed a physical or mental impairment. Depending on the nature of the
 disability and written evaluation, documentation may include a letter from a physician or a detailed report.
- Documentation must be no more than one year old.
- Disability documentation must be detailed and specific. Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as "problems," "deficiencies," "weaknesses," "differences," and "learning disability" are not the equivalent of a diagnosed specific disability (such as ADHD, Dyslexia, Multiple Sclerosis, etc.).
- Documentation must provide evidence of a substantial current limitation to physical or mental functioning.
- For a temporary disability, the documentation should clearly indicate the impact of the disability as well as the anticipated length of the recovery.
- For mental disabilities, the following areas should be assessed:
 - Ability: The Weschler Adult Intelligence Scale IV (WAIS-IV) with its subtests can be included as a standard measure of overall intelligence. The WAIS-IV should only be one component of a full documentation report. Other adult intelligence scales or assessments may be deemed acceptable in lieu of the WAIS-IV. Consult a qualified professional for additional information.
 - O Achievement: Current levels of academic functioning in relevant areas, such as reading (decoding and comprehension), mathematics, and oral/written language are relevant to determining whether or not there is a current need for accommodations. The tests submitted should be standardized and valid for use in an adolescent/adult population. Consult a qualified professional for additional information.
 - O <u>Processing Skills</u>: Other tests in processing areas may warrant evaluation as indicated by the tests above. These areas include information processing, visual and auditory processing, and processing speed.

These suggested tests are not meant to preclude assessment in other relevant areas, such as psychological status or vocational skills.